

CITIZEN COMPLIANT REPORTDATE: 12-31-2012TIME: 8:50 am
(Complaint received)Janice Moore
(Signature)

COMPLAINANT NAME: (b) (6)

ADDRESS: (b) (6)

PHONE NUMBER: (b) (6)

NATURE OF COMPLAINT: Headaches - was at the Mobile station where
incident occurred.

DESCRIPTION OF ODOR: _____

PERIOD OF TIME ODOR NOTICEABLE: _____

WIND DIRECTION AND ATMOSPHERIC CONDITIONS: _____

COMPLAINT REFERRED TO: _____ Operations Superintendent Referral Date: _____

☒ Compliance Manager Time: 8:51 am☐ On-Call Manager

INVESTIGATOR(S) FOUND: _____

ACTION TAKEN: _____ On-site Investigation _____ Complainant's Site Investigated

_____ Phone call _____ Return call

Date: _____ Time: _____

FOLLOW-UP REQUIRED: _____

FURTHER COMMENTS: _____

DATE: 12-31 GUARD/CHEL Employee: 0164621